

4-222. Application for free process and affidavit of indigency.

[For use with Supreme Court General Rule 23-114]

STATE OF NEW MEXICO

COUNTY OF _____

_____ COURT

_____, Petitioner,

v.

No. _____

_____, Respondent.

APPLICATION FOR FREE PROCESS AND AFFIDAVIT OF INDIGENCY

I request that the court enter an order permitting me to file this case without prepayment of fees and costs and give upon my oath or affirmation the following statement.

My marital status is: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

I request interpretation services: ____ yes ____ no (If yes, please describe what you need)

INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):

A. PUBLIC ASSISTANCE

___ I do not receive public assistance (If you check this blank, go directly to Section B
EMPLOYMENT/UNEMPLOYMENT).

___ I currently receive the following public assistance in _____ County (please
check all applicable public assistance programs):

___ Temporary Assistance for Needy Families (TANF)

___ Food Stamps

___ Medicaid

___ General Assistance (GA)

___ Supplemental Security Income (SSI)

___ Social Security Disability Income (SSDI)

___ Public Housing

___ Disability Security Income (DSI)

___ Department of Health Case Management Services (DHMS)

___ Other (please describe _____)

B. EMPLOYMENT/UNEMPLOYMENT

___ I am currently unemployed and have been unemployed for ___ months in the past year. I am unemployed because _____.

___ I receive unemployment benefits in the amount of \$_____per month.

___ I have no income because I am unemployed.

___ I am employed.

My employer's name, address and phone number is:

I am paid weekly ___ every other week ___ twice a month ___ once a month ___.

When I am paid my net take-home pay minus deductions required by law like state and federal tax withholding and FICA is \$_____.

___ I am married, and my spouse is unemployed and has been unemployed for ___ months in the past year because

_____.

___ My spouse receives unemployment benefits in the amount of \$_____per month.

___ I am married, and my spouse is employed.

My spouse's employer's name, address and phone number is:

My spouse is paid weekly ___ every other week ___ twice a month ___ once a month _____. When my spouse is paid his or her net take home pay minus deductions required by law like state and federal tax withholding and FICA is \$_____.

C. OTHER SOURCES OF INCOME

___ I have income from another source not mentioned above.

___ Child Support \$_____

___ Alimony \$_____

___ Investments \$_____

___ Community property from my spouse \$_____

_____ Other _____ \$ _____

_____ I do not have any other sources of income.

_____ I am married, and my spouse has income from another source not mentioned above.

_____ Child Support \$ _____

_____ Alimony \$ _____

_____ Investments \$ _____

_____ Other _____ \$ _____

_____ Other _____ \$ _____

_____ I am married, and my spouse does not have any other sources of income.

D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts):

Cash on hand \$ _____

Bank accounts \$ _____

Income tax refund \$ _____

Other assets (describe below):

_____ \$ _____

_____ \$ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.

E. MONTHLY EXPENSES

House Payment/Rent \$ _____

Utilities \$ _____

Telephone \$ _____

Groceries (after food stamps) \$ _____

Car Payment(s) \$ _____

Gasoline \$ _____

Insurance	\$_____
Child Care	\$_____
Student and Consumer Loans	\$_____
Court-ordered family support obligations	\$_____
Other court-ordered payments	\$_____
Medical expenses	\$_____
Other_____	\$_____

F. HOUSEHOLD

I live at _____,

and the head of the household is _____.

Other than myself, the other members of the household are:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
_____	_____	_____	()

_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in this application for free process was false, misleading, inaccurate, or incomplete at the time the application was submitted, the Court may require me to pay for any costs or fees that were waived under an order of free process that was granted based on the information in this application.

(Signature)

(Print Name)

____Petitioner ____Respondent

(Pro Se)

(Street Address)

(City, State, Zip Code)

(Telephone)

State of _____)
County of _____) ss

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (name of applicant).

Notary

My commission expires: _____

**IF YOU ARE REPRESENTED BY AN ATTORNEY, YOUR ATTORNEY MUST SIGN
THE FOLLOWING CERTIFICATE.**

I, _____, hereby certify that I have not received any attorney
(Name of attorney)

fee to represent _____. If any attorney fee is paid to me, I understand
(Name of applicant)

that I shall pay to the court clerk from such attorney fee any court fees and costs that may
be waived by the court.

(Attorney signature)

Address

City, State, Zip Code

Telephone/Fax Number